

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 17308
Application ID: 10064847
Title of Invention: Prosthetic Foot with
Medial/Lateral Stabilization
First Named Inventor: Aldo Laghi
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-08-22
Submission Type: Utility Patent Filing
Filing Type: null
Confirmation Number: 0
Attorney Docket Number: 1098.37
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Government, c=US
Certificate Message Digest: ktyw8WDNErNWXpv/+rgSXQ==
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TRANSMITTAL FORM

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Attorney Docket
Number:

1098.37

Submission Type: Utility Patent
Filing

Prosthetic Foot with Medial/Lateral Stabilization

First Named Inventor: Aldo A. Laghi

SUBMITTED BY

Name:

Ronald E. Smith

Registration Number:

28761

Electronic Signature Mark: /ronald e
smith/

Date Signed: 20020822

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

Dec01.TIF

declaration

Dec02.TIF

bibd-transmittal

109837apds.xml

fee-transmittal

109837fee.xml

Comments:

Practitioner's Docket No. 1098.37

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought or the invention entitled:

TITLE OF INVENTION

Prosthetic Foot with Medial/Lateral Stabilization

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37 Code of Federal Regulations, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Anton J. Hopen
Ronald E. Smith

Registration Number 41,849
Registration Number 28,761

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

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Ronald E. Smith
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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE

Inventor's signature

Aldo A. Laghi

Date

2002

Country of Citizenship

USA

Residence

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FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 370

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 3008
Expiration Date: 20040531
Authorized Name: Anton J. Hopen
Billing Address: 33760

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 18	203	\$ 9	0	\$ 0
Independent Claims: 2	202	\$ 42	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0